

FY2019 Health Open Enrollment – MANDATORY Enrollment Action Form – **DUE 5/11/18**

Name:		SSN (last 4)	XXX -XX- _ _ _ _
Pay Frequency:	<input type="checkbox"/> Semi-Monthly (24) <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Weekly (38) <input type="checkbox"/> Weekly (42)		
Employee Group:	<input type="checkbox"/> Non-Represented <input type="checkbox"/> NEA <input type="checkbox"/> ITWA <input type="checkbox"/> BCTIA <input type="checkbox"/> NIPEA <input type="checkbox"/> Police <input type="checkbox"/> Police-Superiors <input type="checkbox"/> Fire A <input type="checkbox"/> Fire C		
Town-Sponsored Health Coverage	<u>FY2018</u> <i>Select the plan you are currently enrolled in, or if you have declined town-sponsored coverage.</i>		<u>FY2019</u> <i>Select the plan (Benchmark or High Deductible) you wish to enroll in for coverage beginning July 1, 2018, or select decline coverage.</i>
	Rate Saver	Benchmark	Benchmark Qualified High Deductible Plan
Harvard Pilgrim	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Family
Tufts Health Plan	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Family
Blue Cross / Blue Shield	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Family
Fallon Select Care	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Family
Fallon Direct Care	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Family
Decline Health Coverage	<input type="checkbox"/>		<input type="checkbox"/>
Opt-Out Program <i>(if eligible, see program details)</i>	<input type="checkbox"/>		<input type="checkbox"/>
<u>FY2019 Health Savings Account (HSA) Contributions</u> <i>Only for employees enrolling in Qualified High Deductible Health Plans</i>			
Health Savings Account IRS Calendar Year 2018 Contribution Limits*	<u>Individual Plan:</u> \$3,450		<u>Family Plan:</u> \$6,850
Employee is Age 55 or Older:	\$4,450		\$7,850
1. Town Annual Contribution to HSA <i>Individual: \$1,000 / Family: \$2,000</i>	50% of Deductible (<i>automatic – no action necessary</i>)		
2. Town One-Time Early Adopter Payment <i>Individual: \$500 / Family: \$1,000</i>	<input type="checkbox"/> <u>YES</u> – Please deposit into my HSA on a pre-tax basis		<input type="checkbox"/> <u>NO</u> – Please pay this to me as part of payroll. I understand that this payment will be taxed.
3. Town Rate Saver Conversion Payment <i>Individual: \$263 / Family: \$671</i> <i>Only for those previously enrolled in Town Coverage.</i>	<input type="checkbox"/> <u>YES</u> – Please deposit into my HSA on a pre-tax basis		<input type="checkbox"/> <u>NO</u> – Please pay this to me as part of payroll. I understand that this payment will be taxed.
4. Employee Contribution to HSA via Payroll	\$ _____ Per Pay Period (<i>This amount will be deducted each pay period until a change form is submitted. Changes can be made once per month</i>)		
Employee Signature:			Date:

See Reverse Side for Instructions

* The total combined amount of both employer and employee contributions cannot exceed IRS maximum contribution limits for the calendar year. IRS regulations are indexed annually for inflation. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year (CY2018), you must remain HSA eligible through the end of the next tax year (CY2019) or face tax penalties. Very Important, if you do not expect to remain active in a QHDHP through December 31, 2018, and then through December 31, 2019, you should NOT contribute (Town and your payments) the maximum annual allowance, but rather use the proration method to determine the maximum contribution to the HSA for the calendar year 2018 and calendar year 2019.

FY2019 Health Open Enrollment

Enrollment Instructions and Required Documentation

For Enrollees in Town-Sponsored Health Insurance:

- A. If you are **staying within the same Insurance Carrier** from year-to-year, the Enrollment Action Form is the only required form to be completed and submit.
Example: Changing from Harvard Pilgrim Rate Saver Family → Harvard Pilgrim Benchmark Family: Submit Enrollment Action Form only.
- B. If you are **switching to a different Insurance Carrier** as of July 1, 2018, you will need to complete two additional forms: 1) the applicable Insurance Carrier's form to terminate your FY2018 plan, and 2) the applicable Insurance Carrier's form to enroll in your new plan for FY2019.
Example: Changing from Harvard Pilgrim Rate Saver Family → Tufts Benchmark Family: In addition to the Enrollment Action Form, a Harvard Pilgrim form should be completed to terminate from that plan, and a Tufts form should be completed to enroll in the new plan.

For Employees Declining Town-Sponsored Health Coverage

- A. If you are **declining town-sponsored health insurance coverage** as of July 1, 2018, you will need to complete at least two forms: 1) the Enrollment Action form and 2) the Benefits Declination Form. See below for full details.

ALL benefit-eligible employees will fall into one of the categories below and MUST submit the required documentation as instructed. Materials are available at NeedhamMA.gov/HR or from your Human Resources Department.

All materials must be received by your Human Resources Department by: **FRIDAY, May 11, 2018 at 12:00pm.**

FY2018 (as of 6/30/18)	FY2019 (as of 7/1/18)	Enrollment Action Form (reverse side)	Termination Form of FY18 Carrier	Enrollment Form of FY19 Carrier	Dependent Relationship Proof	Declination Form	Opt-Out Form	Alternative Coverage Proof (as of 7/1/18)
Town Coverage	Town Coverage (Same Carrier)	✓						
Town Coverage	Town Coverage (Different Carrier)	✓	✓	✓				
Town Coverage	Declining Town Coverage	✓	✓			✓		
Declined Town Coverage	Town Coverage	✓		✓	✓			
Declined Town Coverage	Declining Town Coverage	✓				✓		
Declined Coverage/ Out-Out Program	Declining Coverage/ Out-Out Program	✓				✓	✓	✓
Town Coverage	Declining Coverage/ Out-Out Program	✓	✓			✓	✓	✓

HR Benefits Office Hours: Tues, Weds, Thurs, 1:00pm to 4:30pm

HR Phone/Voicemail: 781-455-7500 x234 • Email: HR@needhamma.gov